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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and /SAHAR JAVANMARD/ Acknowledged <u>Examiner's Signature</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Initials</u>	NETHERLANDS	0	12	3

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**TITLE**  
 Combined use of methylphenidate and melatonin for treating attention-deficit hyperactive disorder

<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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